



Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration
Cancer and Chronic Disease Bureau
Office of Oral Health

Grant Program Application
FY 2018 Oral Disease and Injury Prevention and
School Dental Sealant Grants
Component 2: School Dental Sealant Program

201 West Preston Street, Room 427
Baltimore, MD 21201
Tel: 410-767-7899; Fax: 410-333-7392
Email: dhmh.ugaoralhealth@maryland.gov
Website: <http://phpa.dhmh.maryland.gov/oralhealth>

Name of Jurisdiction:

Amount of Funds Requested:

Attach a separate word document with response to sections A and B of this application. Attach the provided budget form for section C.

Section A. Program Description (3-5 pages)

New Sealant Program: ☐ Existing Sealant Program: ☐

Type of Sealant Program (Check all that apply): School-based ☐ School-linked ☐ Mobile ☐

1. Provide a comprehensive description of the proposed program with goals and objectives. See page 5 of the RFA for project objectives.
2. Provide detailed outputs and activities that correspond to the goals and objectives listed above.
3. Describe the staff and organization structure to be used in implementing this program, including description of capacity to successfully implement the proposed activities.
4. Discuss the intended target population and summarize their needs. Include a description of how the project will link children with a dental home and conduct retention checks (if applicable).
5. Describe how this project will impact your community.
6. Describe any challenges anticipated for the project and how those challenges will be addressed.

Section B. Data Collection & Evaluation Measures (1-2 pages)

1. Provide a robust evaluation plan with an ambitious set of targets and/or milestones to measure progress towards each objective described in section A.
2. Complete the table below with estimates of your anticipated reach for the following services and/or measures. **(These are the measures to be included with your Budget Package, DHMH 4542, if you are awarded funding.)**

| Measures | Anticipated Reach |
|--|-------------------|
| Number of schools served (total) | |
| Number of Title 1 schools served | |
| What grades will your program serve? | |
| Number of children screened | |
| Number of children receiving sealants | |
| Number of children referred for follow-up care | |

Section C. Program Funding

1. Identify and describe other sources of funding in addition to the Office of Oral Health that will be used for the proposed activities in the table below.

| Please Select all that Apply | Funding Source | Amount of Funding Source |
|------------------------------|--------------------------------|--------------------------|
| <input type="checkbox"/> | Medicaid Collections* | Amount: |
| <input type="checkbox"/> | Private Insurance Collections* | Amount: |
| <input type="checkbox"/> | Other Grants | Amount: |
| <input type="checkbox"/> | Other: | Amount: |
| <input type="checkbox"/> | Other: | Amount: |

* Based on most recent collections

2. Please submit a twelve (12) month budget narrative using the budget form supplied with your application, with supporting justification and documentation as per the usual instructions for the DHMH Unified Grant Award along with this completed application to dhmh.ugaoralhealth@maryland.gov.

Section D. Contact Information

| Contact Position | Name | Phone | Email |
|---------------------------|------|-------|-------|
| Application Preparer: | | | |
| Sealant Coordinator: | | | |
| Quarterly Report Contact: | | | |
| Fiscal Report Contact: | | | |